Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NVN160AGC	A. BUILDING _____ B. WING _____	02/03/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EAGLE VALLEY CARE CENTER	1807 E LONG ST CARSON CITY, NV 89701

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted between 2/3/11 and 2/4/11. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility is licensed for 38 Residential Facility for Group beds for elderly and disabled persons, Category II residents. The census at the time of the survey was 33. Ten resident files were reviewed and ten employee files were reviewed. One discharged resident file was reviewed. The facility received a grade of A. The following deficiencies were identified:	Y 000		
Y 255 SS=C	449.217(6)(a)(b) Permits - Comply with NAC 446 on Food Service NAC 449.217 6. A residential facility with more than 10 residents must: (a) Comply with the standards prescribed in chapter 446 of NAC. (b) Obtain the necessary permits from the Bureau of Health Protection Services of the Division.	Y 255		

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If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Administrator — (X6) DATE: 2/10/11

Bureau of Health Care Quality and Compliance

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Y 255	Continued From page 1 This Regulation is not met as evidenced by: Based on observation, interview, and record review on 2/3/11, the facility failed to ensure the kitchen complied with the standards of NAC 446. Findings include: 1. Cleaning and Sanitation Issues: a. Two unidentified and undated bowls of food were found in the single door reach-in refrigerator. b. The ventilation hood vents were soiled with dust and debris over the stove area. c. The floor in the walk-in refrigerator was soiled with liquid seepage. d. A mop was improperly stored outside. 2. Equipment and Maintenance Issues: a. The drain pipe for the dishwasher was resting in the floor sink. Severity 1: Scope: 3	Y 255	Y255 OK W 2/14/11 (1)(a) The bowls of food were disposed of right after the inspection (1)(b) The ventilation hood vents were cleaned. (now done weekly) 2/10/11 (1)(c) The area was cleaned. 2/5/2011 (1)(d) The mop was cleaned and stored properly after the inspection 2/3/11 (2)(a) This is fixed. (2/11/11) A scheduled (daily) check of the refrigerator is now done by the graveyard personnel. (Start date: 2/8/2011)	

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